

and County Health Officer, Riverside; secretary-treasurer, Walter M. Dickie, M. D., Berkeley; representative of Department of Health Officers on the Executive Board, League of California Cities, Herbert F. True, M. D., City Health Officer, Sacramento.

**Studies on Vitamin D Damage Discussed.**—Damage caused by overconsumption of the sunshine vitamin D may be controlled, or at least cut down, by overdoses of harmless vitamin A, according to scientists of the University of California College of Agriculture writing in the *Journal of Biological Chemistry*.

Dr. Agnes Fay Morgan, N. Shimotori, and J. B. Hendricks reported in the *Journal* that experiments with dogs and rats have shown that presence in the animal body of excessive amounts of vitamin A seems to protect the animals from the toxic effect of overdoses of vitamin D.

This new evidence is believed important to questions of human nutrition since, when taken in excess, vitamin D is highly toxic to humans. The appearance on the market of many irradiated products containing this vitamin has caused concern in medical circles. Physicians have warned against consumption of overlarge quantities of these products by people unfamiliar with the effect of vitamin D and the amount which can be safely consumed.

In the experiments vitamin D produced artificially by subjecting sterols, alcoholic substances found in the skin of animals, to ultra-violet rays produced more severe symptoms, when consumed in excess, than did natural vitamin D contained in liver oils of fish, such as tuna and cod. These liver oils also contain the protective vitamin A. This fact, says the scientists, indicates the advisability of obtaining necessary vitamin D through natural products rather than irradiated ones.

**Press Clippings.**—Some news items from the daily press on matters related to medical practice follow:

#### Parran Allots Venereal Fund

Washington, Aug. 2 (UP).—Surgeon General Thomas Parran today allotted \$5,672,388 in Federal funds among the states and territories to combat venereal diseases. A special fund of \$458,600 was divided among states where large numbers of troops will be concentrated. Explaining venereal diseases "exact a very large toll of man-days and efficiency from the armed forces," he said "it is important to note that a large proportion of infections originate in the communities of the nation before enlistment."—*San Francisco News*, August 2.

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#### San Francisco Physicians Ask City Rate Reforms

A new schedule of fees covering medical services under the Municipal Employees' Health Service System has been proposed by the County Medical Society, and forwarded to the city's Health Service Board for consideration, Dr. L. Henry Garland, secretary of the Society, said today.

Numerous changes are included in the fee schedule, with some charges being advanced and others being reduced.

During the first year of operation of the City Employees' Health System, the doctors declare, they contributed more than \$132,000 in free medical services.

The physicians' statement expressed the hope the new schedule will be adopted, "since it represents the wishes of the physicians actually providing professional care to the municipal employees."—*San Francisco Examiner*, July 25.

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#### Migrants

##### Remedy Needed at the Source

The Board of Directors of the California State Chamber of Commerce has approved a series of recommendations for treatment of the migrant problem, which is a matter of continuing and growing concern to this State.

The recommendations are both broad and reasonable.

They naturally deal with the vital California interest in the situation—an interest which has not always been ade-

quately considered, and has sometimes been maliciously misrepresented.

But they also deal in a thoroughly humanitarian manner with the interests and welfare of the migrants themselves, approving without restraint most of the measures for alleviation and assistance undertaken by local communities, State and Federal Government.

However, the recommendation properly put first is that which deals with the causes of the problem and thus its cure.

This is the recommendation "that Federal programs of relief and rehabilitation in the principal states of out-migration be maintained and further increased, so far as possible, by the greater concentration of available funds in such areas."

While it perhaps could not be said with entire accuracy that the migrant problem begins and ends with alleviatory measures in the states from which the migrants come, that is the obvious point at which the situation can be successfully attacked.

The overwhelming migration in recent years of indigents into California has not been a normal movement, comparable with any historical precedents.

The migrants were originally a fixed people, with their family roots deep in their homeland.

They became unable to subsist in that homeland, due to drought, dust storms, mechanization of agriculture and perhaps other abnormal conditions which were no fault of the people—and were certainly no fault or responsibility of California.

Those conditions can and should be corrected—first, to create and restore livable standards for the people remaining in the affected areas; and second, to make it possible for those who have migrated to return if they desire to do so—as many of them do.

California claims a clean record and a clear conscience on how it has treated the migrants, as its mounting tax and relief rolls attest.

But California rightfully protests being made the scapegoat for conditions of deterioration and neglect in other sections of the country.

The place to cleanse a poisoned stream is at the source of the poison, and not at the fountains where the people refresh and sustain themselves.

It is perhaps not generally understood, even in California, what staggering proportions the migrant problem has attained.

In ten years, the net migration into the State has been more than 1,200,000 persons.

At least 850,000 of that number have arrived in the last five years.

Half of these, or most of the breadwinners, are potential additions to the employable labor force of the State which already had distressing unemployment among its own people.

This is most certainly a national problem.

Let it be solved where responsibility for it in all truth and reality begins and ends—Editorial, *San Francisco Examiner*, July 24.

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#### Social Security Receipts Shown

*Five-Year Collections in California Amount to \$418,949,867*

San Francisco, Aug. 5 (AP).—In the past five years Federal and State tax collections in California for Social Security have amounted to \$418,949,867, a State Chamber of Commerce announcement said.

Of the total, employers in California paid \$274,697,711, the announcement stated. Employers and workers contributed equally to the \$119,159,801 collected for Federal old-age insurance.

Collections for unemployment insurance amounted to \$277,897,084, of which the major portion, \$261,704,574, went to the State unemployment insurance program.—*Los Angeles Times*, August 6.

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#### California Gains 1,196,560 In Census

*Claim State Certain to Get Three More Congressmen*

California gained 1,196,560, or 21.08 per cent, in population during the last ten years, preliminary census figures for all of the fifty-eight counties showed today.

The 1940 figure is 6,873,811, compared to 5,677,251 in 1930.

As a result California is virtually certain to gain three members in Congress, giving the State twenty-three national representatives in the lower house instead of twenty.

The largest numerical increase was in Los Angeles County, which went up 568,719, or 25.7 per cent, to 2,777,211. Shasta County had the largest percentage increase, 106.5, rising to 28,754.

Other large percentage gains included:

Nevada, 81; Mariposa, 69; Mono, 68; Kern, 61; El Dorado, 58; Yuba, 50; Madera, 47; Plumas, 47; San Mateo, 41; San Diego, 38, and Tulare, 36.

San Diego made the second largest numerical increase, 68,814, advancing to 289,473.

Among the cities, Los Angeles went up 258,954 to 1,496,792, and San Diego, 54,043 to 202,038.—Los Angeles *Herald and Express*, July 27.

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#### Board of Health Offices Unchanged

##### State Officials Drop Plan for Removal Here

Headquarters of the State Board of Health will remain in Sacramento instead of being transferred to Los Angeles, as previously announced, it was reported yesterday by department officials.

Under the present system, branch offices will be maintained both in this city and San Francisco.

Coördination of public health programs with national defense plans was pledged by Dr. Elmer Belt, board president, at conclusion of a local department session.

At the request of military authorities the Bureau of Sanitary Engineering has reviewed projects for sewage disposal in army and navy posts.—Los Angeles *Times*, August 5.

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#### Population of California Listed by Counties

The table of California's population by counties follows:

County	1940	1930
Alameda	506,190	474,883
Alpine	319	241
Amador	8,959	8,494
Butte	42,851	34,093
Calaveras	8,214	6,008
Colusa	9,772	10,258
Contra Costa	97,805	78,608
Del Norte	4,772	4,739
El Dorado	13,172	8,325
Fresno	178,574	144,379
Glenn	12,207	10,935
Humboldt	45,538	43,233
Imperial	59,651	60,903
Inyo	7,576	6,556
Kern	133,531	82,570
Kings	35,012	25,385
Lake	8,045	7,166
Lassen	14,463	12,589
Los Angeles	2,777,211	2,208,492
Madera	25,327	17,164
Marin	52,520	41,684
Mariposa	5,458	3,233
Mendocino	27,775	23,505
Merced	46,845	36,748
Modoc	8,775	8,038
Mono	2,283	1,360
Monterey	72,860	53,705
Napa	28,414	22,897
Nevada	19,224	10,596
Orange	130,803	118,674
Placer	27,917	24,468
Plumas	11,557	7,913
Riverside	105,448	81,024
Sacramento	169,375	141,999
San Benito	11,592	11,311
San Bernardino	161,769	133,900
San Diego	289,474	209,659
San Francisco	629,553	634,394
San Joaquin	134,088	102,940
San Luis Obispo	33,145	29,613
San Mateo	109,298	77,405
Santa Barbara	68,207	65,167
Santa Clara	174,367	145,118
Santa Cruz	44,806	37,433
Shasta	28,754	13,927
Sierra	3,033	2,422
Siskiyou	28,531	25,480
Solano	48,779	40,334
Sonoma	67,573	62,222
Stanislaus	74,854	56,641
Sutter	18,702	14,618
Tehama	14,347	13,866
Trinity	3,969	2,809
Tulare	106,285	77,442
Tuolumne	10,871	9,271
Ventura	68,883	54,976
Yolo	27,498	23,644
Yuba	16,992	11,331
Totals	6,873,811	5,677,251

—Los Angeles *Times*, July 28.

#### Twenty-Five Largest Cities in the United States

Washington, July 31 (AP).—Census counters scrambled population standings of America's big cities today to create a "25-biggest" list for 1940.

The list generally includes the same cities as in 1930, but thirteen of the twenty-five have different ranks than ten years ago.

Houston, Tex., and Denver, Colo., made the grade for the first time, crowding out Jersey City, N. J., and Portland, Ore. Houston claimed the biggest jump, from twenty-sixth to twenty-first. Jersey City had the worst fall of the big cities, from twenty-third to thirtieth.

In line with forecasts that rural territories, especially suburban areas, were gaining at the expense of big cities, eight of the first twenty-five showed losses—Philadelphia, Cleveland, St. Louis, Boston, Pittsburgh, San Francisco, Newark and Rochester, N. Y.

Washington won first honors among major cities for population gain, going from 486,869 to 663,153 in the decade. Census officials attributed this jump almost exclusively to the doubling of Federal pay rolls in the District of Columbia.

Preliminary figures—complete except for transients and other minor factors not likely to change standings—give the top twenty-five places to these cities:

1940 Rank	City	1930 Rank	1940 pop.	1930 pop.
1	New York	1	7,380,259	6,930,446
2	Chicago	2	3,384,556	3,376,438
3	Philadelphia	3	1,935,086	1,950,961
4	Detroit	4	1,618,549	1,568,662
5	Los Angeles	5	1,496,792	1,238,048
6	Cleveland	6	878,385	900,429
7	Baltimore	8	854,144	804,874
8	St. Louis	7	813,748	821,960
9	Boston	9	769,520	781,188
10	Pittsburgh	10	665,384	669,817
11	Washington	14	663,153	486,869
12	San Francisco	11	629,553	634,394
13	Milwaukee	12	589,558	578,249
14	Buffalo	13	575,150	573,076
15	New Orleans	16	492,282	458,762
16	Minneapolis	15	489,976	464,351
17	Cincinnati	17	452,852	451,160
18	Newark	18	428,236	442,337
19	Kansas City	19	400,175	399,746
20	Indianapolis	21	386,170	364,161
21	Houston	26	386,150	292,352
22	Seattle	20	366,847	365,583
23	Rochester	22	324,694	328,132
24	Louisville	24	318,713	307,745
25	Denver	29	318,415	287,861

—Los Angeles *Times*, August 1, 1940.

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#### San Francisco Health Service

##### \$23,666.24 Paid Doctors for June

After a special board of directors meeting last night, the Municipal Employees Health Service System announced the payment of \$23,666.24 in doctor bills for the month of June.

The rate of payment was equal to 87 cents on the dollar of total bills rendered for service to members during the month and was 9 cents greater than the payment in May and 30 cents greater than in the same month of 1939.

A plan for osteopathic services to members was also approved by the directors and sent to the city retirement board for final approval.—San Francisco *Examiner*, August 20.

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#### Insurance Battle

##### Firms Oppose State Suits

State Insurance Commissioner Anthony Caminetti's suits to take control of the Mount Moriah and Physician's Life Insurance firms had new repercussions yesterday.

On the applications of attorneys for the companies, Presiding Judge T. I. Fitzpatrick ordered the insurance commissioner to show cause August 28 before Superior Judge Frank T. Deasy why he should not be restrained from seeking proxies from policyholders.

The seeking of proxies from the policyholders, the attorneys contended, would ultimately deprive the policyholders of their rights to oppose Caminetti's suits, and would likewise destroy good will in the companies, one of their major assets.

Further, the petitions also alleged that the insurance commissioner lacked sufficient cause for his suits to take control of the companies, and that there was no basis for the allegations of danger to policyholders contained therein.—San Francisco *Examiner*, August 20.

**143,459 Given Old-Age Aid in California**

Sacramento, August 23 (INS).—A total of 143,459 persons in California received \$5,445,638 in old-age assistance during July, it was announced today by Martha Chickering, director of the State Department of Social Welfare.

This was an average of \$37.96 per person for the month as compared with an average of \$37.99 for the preceding month.

Largest amount doled out in a single county went to Los Angeles where 53,523 persons were given \$2,210,487.

In San Francisco County, 10,895 persons received \$416,840, and in Alameda County 8,399 old persons were given \$311,698.

Other large payments were:

San Bernardino, \$186,954 to 4,881 persons; San Diego County, \$282,385 to 7,278 persons; Santa Clara County, \$138,319 to 3,665 persons, and Fresno County, \$126,213 to 3,307 persons.—*San Francisco Call-Bulletin*, August 23.

**LETTERS****Concerning Pacific States Medical Executives' Conference.**

(COPY)

PACIFIC STATES MEDICAL EXECUTIVES' CONFERENCE  
OFFICE OF THE SECRETARY-TREASURER  
PORTLAND, OREGON

Dr. George H. Kress, Secretary,  
California Medical Association,  
450 Sutter Street,  
San Francisco, California.

Dear Doctor Kress:

Tentative plans provide for holding the Fourth Annual Session of the Pacific States Medical Executives' Conference at Portland on Sunday, December 8.

Since the 1939 Session in Seattle, the Nevada State Medical Association has affiliated with the Conference. Six Pacific States organizations are now members, including the California, Oregon, Washington, Idaho, Montana, and Nevada state associations.

The officers of the Conference are hopeful that each participating association will send one or more delegates to this year's meeting. As amended at the 1939 Session, the by-laws of the Conference provide as follows:

"Each constituent state medical association shall have three official or voting delegates to serve for three years or until their successors are selected and qualified; provided, that, beginning in 1940, one delegate shall be selected to serve for one year, one to serve two years, and one to serve three years.

"(It is suggested that the following officers and committeemen of the respective constituent state associations be considered for delegates; the President, the President-Elect, the Secretary, the Chairman of the Committee on Public Relations, Delegates to the American Medical Association, members of the Council, or other governing body, or other members.)"

You will observe that this provision appropriately leaves each affiliated association free to determine who its delegates shall be, as well as the manner of their selection.

We shall greatly appreciate it if you will arrange at an early date to have your association select its delegates. Please also obtain the authorization of your Council, Board of Trustees, or other governing body, for the attendance of at least one and, if possible, all three of your delegates at the coming meeting in Portland.

President H. E. Rhodehamel of Spokane has already written you soliciting the suggestions of your association as to subjects for discussion at the coming meeting. If you have not already done so, he will appreciate it if you will submit a list of suggested topics of common interest as soon as possible.

The annual dues of the Conference are \$10 for each affiliated association. A statement for 1940 dues is enclosed.

We shall greatly appreciate your cooperation in giving prompt attention to the subjects of this letter.

In pleasurable anticipation of your attendance at the coming meeting, we are

Medico-Dental Building.

Very sincerely yours,

PACIFIC STATES MEDICAL EXECUTIVES' CONFERENCE.

By CLYDE C. FOLEY, *Secretary-Treasurer*.

**Concerning Sales Tax on Drugs Dispensed to Patients.**

July 31, 1940.

Dear Doctor Babington:

Doctor Kress, secretary of the California Medical Association, forwarded to me a copy of your letter of July 16, 1940, in which you asked for information concerning the applicability of the sales tax to drugs furnished to patients as a part of treatment.

It is my opinion that there is little doubt that the physician is the consumer of the drugs and not a seller. The sales tax is collected from the person making the last sale of the property to the person who will consume the same. Therefore, it is up to the druggist who sells the drugs to the physician to collect and report the tax.

The Sales Tax Act makes no express statement in this regard nor has the question ever been submitted to a court. However, two rulings of the Board of Equalization are sufficiently analogous to merit the conclusion stated above.

Rule 16 of July 1, 1935, provides that dentists are to be considered as consumers and not sellers of the materials which they place in the patient's mouth. This would include gold inlays, etc., which are of greater value in proportion to the service rendered than are most of the drugs which a physician furnishes to patients.

Rule 25 of July 1, 1935, provides that drugs and materials furnished to patients by a hospital while the patient is confined in the hospital are not considered as being sold to the patient. However, the rule provides that where the hospital does make an outright sale of medicines, etc., to the patient and makes a separate charge therefor, the hospital must report the transaction as a sale.

Under the holding that a hospital is liable for a tax where it sells medicines and drugs directly to the patient at a specified price, it would be well for physicians to avoid specifying any charge to their patients for drugs given them and merely include the same as part of the general treatment fee.

There is a limit within which the transfer of property may be included as a part of a service, an example of which can be seen in the rule relating to optometrists.

Where an optometrist examines the eyes and then furnishes glasses, he is allowed to deduct from the total amount charged a reasonable amount for the examination services but must pay a tax on the balance. However, that situation is clearly distinguishable from your own.

I hope that this will be sufficient for your needs.

Very truly yours,

HARTLEY F. PEART.

**Concerning Public Health Supervision of Passenger Boats.**

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH

August 2, 1940.

To the Editor:—No other ships in the world have the safety afforded travelers by American shipping firms. Aside from the established high degree of the navigating